|   |                                       |  |                     |                           |          |                  |            | Application or Docket Number. |                        |         |                           |                        |  |
|---|---------------------------------------|--|---------------------|---------------------------|----------|------------------|------------|-------------------------------|------------------------|---------|---------------------------|------------------------|--|
|   | PATENT                                | APPLICATI                                  |                     | ORI                       |          |                  |            |                               |                        |         |                           |                        |  |
| ./ Effective October 1, 2003  |                                       |  |                     |                           |          |                  |            | 10812638                      |                        |         |                           |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                                       |  |                     |                           |          |                  |            | SMALL ENTITY TYPE             |                        |         | OTHER THAN R SMALL ENTITY |                        |  |
| Γ   | OTAL CLAIM                            | S  | 2                   | 20                        |          | · .              |            | RATE                          | FEE                    | 7       | RATE                      | FEE                    |  |
| FOR   |                                       |  | NUMBE               | NUMBER FILED              |          | NBER EXTRA       |            | BASIC F                       | EE 385.00              | OR      | BASIC FE                  | 770.00                 |  |
| Ţ   | OTAL CHARG                            | املا                                       | 20 minus 20=        |                           |          |                  | XS 9=      |                               | OR                     | X\$18=  |                           |                        |  |
| IN  | DEPENDENT                             | CLAIMS .                                   | 17,                 | 7 minus 3 =               |          | 4                |            | X43=                          | 172                    | OR      | X86=                      |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |                                       |  |                     |                           |          | . 🗆              |            | +145=                         |                        | OR      |                           |                        |  |
| * If the difference in column 1 is less than zero, enter *0* in column 2              |                                       |  |                     |                           |          |                  | Į.         | TOTAL                         | 559                    | OR      |                           |                        |  |
|   | CLAIMS AS AMENDED - PART II           |  |                     |                           |          |                  |            |                               |                        |         | OTHER                     | THAN                   |  |
| -   | 1-26-08                               | (Column 1)                                 | <del></del>         | (Colum                    |          | (Cotumn 3)       | Ι,         | SMALL                         | ENTITY                 | OR      | SMALL                     |                        |  |
| ¥<br>E  |                                       | REMAINING<br>AFTER                         |                     | NUME                      | IER      | PRESENT<br>EXTRA |            | RATE                          | ADDI-<br>TIONAL        |         | RATE                      | ADDI-<br>TIONAL        |  |
| N N   |                                       | AMENDMENT                                  | <b>_</b>            | PAID F                    |          | -                | <b>   </b> | 2-                            | FEE                    | 1,      |                           | FEE                    |  |
| AMENDMENT   | Total                                 | · 0.1                                      | Minus               | 1-0×                      | 0        | 1./              | <b>∤  </b> | X\$9=                         | 1/3                    | ÓĦ      | X\$18=                    |                        |  |
| AM  | Independent<br>FIRST PRES             | ENTATION OF M                              | Minus<br>ULTIPLE DE | Minus -                   |          |                  | 1          | X43=                          |                        | OR      | X86=                      |                        |  |
|   | · ·                                   |  |                     |                           |          |                  |            | +145=                         |                        | OR      | +290=                     |                        |  |
|   | 9-06 (Cotumn 1) (Cotumn 2) (Cotumn 3) |  |                     |                           |          |                  |            |                               |                        | OR      | TOTAL<br>ADDIT, FEE       |                        |  |
| 1.  | 406                                   | (Cotumn 1)                                 |                     | DDIT. FEE                 |          |                  |            |                               |                        |         |                           |                        |  |
| ENT 8   |                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                     | NUMB<br>PREVIOU<br>PAID F | ER       | PRESENT . EXTRA  |            | RATE                          | ADDI-<br>TIONAL<br>FEE |         | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
| MON   | Total                                 | . 27                                       | Minus               | - 2                       | 7        | *                | lΓ         | X\$ 9=                        |                        | OR      | X\$18±                    |                        |  |
| AMENDMENT   | Independent                           | . 6  | Minus               | 6                         |          | s .              | lŀ         | X43≈ ·                        | ·                      | OR      | X86≃                      | •                      |  |
|   | FIRST PRESE                           | ENTATION OF MI                             | JLTIPLE DEI         | PENDENT (                 | LAIM     |                  | <b>!</b>   | +145=                         |                        |         | +290=                     |                        |  |
|   |                                       |  |                     |                           |          |                  |            | TOTAL                         |                        | OR      | TOTAL                     |                        |  |
|   |                                       | . AI                                       | OIT. FEE            |                           | ġЯ ,     | VODIT, FEE       |            |                               |                        |         |                           |                        |  |
|   | <del>\ .</del>                        | (Column 1)<br>CLAIMS                       |                     | (Columni<br>HIGHE:        | ST       |                  | <u> </u>   | •                             | ,                      |         |                           |                        |  |
| AMENDMENT C   | •                                     | REMAINING<br>AFTER<br>AMENDMENT            |                     | PREVIOU<br>PAID FO        | R<br>SLY | PRESENT<br>EXTRA |            | RATE                          | ADDI-<br>TIONAL<br>FEE |         | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
| ş   | Total                                 | •  | Minus               | *                         |          | •                |            | X\$ 9=                        |                        | OR      | X\$18=                    |                        |  |
|   | Independent                           | •  | Minus               | •••                       |          | 8                | -          | X43=                          |                        |         | X86=                      |                        |  |
| 1   | FIRST PRESE                           | NTATION OF ME                              | LTIPLE DEF          | ENDENT C                  | MIAL     |                  | ·  -       | •                             |                        | OR      |                           |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                       |  |                     |                           |          |                  |            |                               |                        |         |                           |                        |  |
|   | the Highest Nur<br>the Highest Nur    | nber Previously Pai<br>mber Previously Pai | d For IN THE        | S SPACE IS A              | es than  | 20, enter "20,"  |            | TOTAL<br>DIT. FEE             |                        |         | TOTAL<br>DOTT. FEEL       |                        |  |
| T   | to Highest Num                        | ber Previously Paid                        | For (Total or       | Independent               | ) is the | highest number   | tound      | in the app                    | ropriste box           | in colu | mn 1.                     |                        |  |
|   |                                       |  |                     | ·                         |          |                  |            |                               |                        |         |                           | 1                      |  |

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